

Application for Search of Birth Record Files of Deceased Person



Peggy Ann Milton, County Clerk
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Please Note:

The Fee is \$7.00 for the first certified copy of each record and \$4.00 for each additional certified copy of the same record. There is a \$7.00 search fee for records searched, yet not located.

PLEASE MAKE CHECK PAYABLE TO: McLean County Clerk

This application form is prescribed and furnished by the Illinois Department of Public Health as set forth in 410 ILCCS 535/25.1

Section A - Birth Information

1. Name at Birth	First	Middle		Last
2. Place of Birth	Hospital		City or Town	County
3. Date of Birth	Month	Day	Year	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
4. Father's Full Name	First	Middle		Last
5. Mother's Full Name	First	Middle	Last	Mother's Maiden Surname

Section B - Death Information

1.	Full Legal Name At Death (First, Middle, Last)
2.	For Female Decedents, Maiden Surname
3.	Date of Death (Month/Day/Year)
4.	Place of Death (City, State)
5.	Relationship to Decedent

Section C - Applicant Information

1.	Name (First, Middle, Last)
2.	Street Address
3.	City, State, Zip
4.	Social Security Number
5.	Driver's License Number/State

I affirm under the penalties of perjury, that the representations made on this application are true to the best of my knowledge and belief.

Date:

Written Signature:

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Work Telephone:

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Home Telephone:

You Must Include Proof of Death

PLEASE MAKE CHECK PAYABLE TO: McLean County Clerk